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GOVERNMENT OF DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, DC 20009

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES/PRINCIPAL CAMPAIGNS OR POLITICAL COMMITTEES
(See reverse side for instructions)

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Brianna for DC	2. OCF Identification Number PCCCC1146
Address (Number and Street) 1414 Belmont Street NW	3. Is this report an Amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code Washington, DC 20009	<input type="checkbox"/> Check if address is different from previously reported

4. TYPE OF REPORT

- ☐ January 31 Year End ☐ July 31 Mid Year ☐ December 10 ☐ Termination Report
☒ March 10 ☐ August 10 ☐ 8 Day Pre-Primary ☐ Other
☐ June 10 ☐ October 10 ☐ 8 Day Pre-General

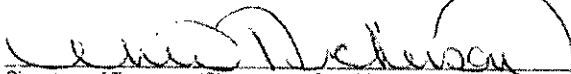
This REPORT contains activity for: ☒ Primary Election ☐ General Election ☐ Special Election ☐ Presidential Primary ☐ Other

SUMMARY		COLUMN A THIS PERIOD	COLUMN B Check One CUM. TO-DATE (PCC) <input checked="" type="checkbox"/> CUM. YEAR-TO-DATE (PAC) <input type="checkbox"/>
5. Covering Period 02/01/2014 through 03/10/2014			
6. (a) Cash on Hand (January 31 Year End Report Only)			\$66,413.21
(b) Cash on Hand at Beginning of Reporting Period		\$80,990.65	
(c) Total Receipts [(from Line 16)]		\$38,404.60	\$58,511.19
(d) Subtotal [add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B]		\$119,395.25	
7. Total Expenditures (from Line 22)		\$66,658.22	\$99,292.28
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]		\$52,737.03	
9. Debts and Obligations Owed BY or TO the Committee or the Candidate (itemize all on Schedule D)		\$0.00	\$0.00
10. (a) Loans Owed BY the Candidate/PCC or Committee ((itemize all on Schedules E)		\$0.00	\$0.00
(b) Loans Owed TO the Candidate/PCC or Committee (itemize all on Schedule E-1)		\$0.00	\$0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

China Dickerson

Type or Print Name of Treasurer (Name of Candidate, if Candidate is reporting)



Signature of Treasurer (Signature of Candidate, if Candidate is reporting)

For further information, contact:

Office of Campaign Finance
Frank D. Reeves Municipal Bldg.
2000 14th Street, NW, Suite 433
Washington, D.C. 20009
(202) 671-0547

03/10/2014

Date

NOTE: Submission of late, false, erroneous, or incomplete information may subject the person signing this report to the penalties of D.C. Official Code §§ 1-1103.05 and 1-1107.01(2001 Edition).

All previous versions of OCF FORM 16 should no longer be used.

OCF FORM 16
Rev. 06/2011

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**GOVERNMENT OF DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, DC 20009**

**REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES/PRINCIPAL CAMPAIGNS OR POLITICAL COMMITTEES
(See reverse side for Instructions)**

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Brianne for DC	2. OCF Identification Number PCCCC1146
Address (Number and Street) 1414 Belmont Street NW	3. Is this report an Amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code Washington, DC 20009	
<input type="checkbox"/> Check if address is different from previously reported.	

4. TYPE OF REPORT

- ☐ January 31 Year End
 ☐ July 31 Mid Year
 ☐ December 10
 ☐ Termination Report
☒ March 10
 ☐ August 10
 ☐ 8 Day Pre-Primary
 ☐ Other _____
☐ June 10
 ☐ October 10
 ☐ 8 Day Pre-General

This REPORT contains activity for: ☒ Primary Election ☐ General Election ☐ Special Election ☐ Presidential Primary ☐ Other

SUMMARY		COLUMN A THIS PERIOD	COLUMN B Check One CUM. TO-DATE (PCC) <input checked="" type="checkbox"/> CUM. YEAR-TO- DATE (PAC) <input type="checkbox"/>
5. Covering Period <u>02/01/2014</u> through <u>03/10/2014</u>			
6. (a) Cash on Hand (January 31 Year End Report Only).....			\$66,413.21
(b) Cash on Hand at Beginning of Reporting Period.....		\$80,990.65	
(c) Total Receipts [(from Line (16))].		\$38,404.60	\$58,511.19
(d) Subtotal [add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B].		\$119,395.25	
7. Total Expenditures (from Line 22).....		\$66,658.22	\$99,292.28
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)].		\$52,737.03	
9. Debts and Obligations Owed BY or TO the Committee or the Candidate (itemize all on Schedule D).....		\$0.00	\$0.00
10. (a) Loans Owed BY the Candidate/PCC or Committee ((itemize all on Schedules E)		\$0.00	\$0.00
(b) Loans Owed TO the Candidate/PCC or Committee (itemize all on Schedule E-1)		\$0.00	\$0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

China Dickerson

Type or Print Name of Treasurer (Name of Candidate, if Candidate is reporting)

Signature of Treasurer (Signature of Candidate, if Candidate is reporting)

For further information, contact:

**Office of Campaign Finance
Frank D. Reeves Municipal Bldg.
2000 14th Street, NW, Suite 433
Washington, D.C. 20009
(202) 671-0547**

03/10/2014

Date

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All previous versions of OCF FORM 16 should no longer be used.

**OCF FORM 16
Rev. 06/2011**

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**DETAILED SUMMARY PAGE OF
RECEIPTS AND EXPENDITURES**
(See reverse side for Instructions)
OCF Form 16, Page 2

FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING) Brianne for DC		REPORT COVERING THE PERIOD FROM: 02/01/2014 TO: 03/10/2014	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE-TO-DATE CUMULATIVE-YEAR-TO-DATE	
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:			
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$37,149.60	\$57,231.28	
(b) Political Party Committees (Schedule A-1)	\$0.00	\$0.00	
(c) Other Political Committees (PAC, etc) (Schedule A-2)	\$1,250.00	\$1,250.00	
(d) The Candidate (Schedule A-3)	\$0.00	\$0.00	
(e) Transfers From Other Political Committees (Schedule A-4)	\$0.00	\$0.00	
(f) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d) and (e)]	\$38,399.60	\$58,481.28	
12. SALES AND COLLECTIONS (Schedule C)	\$5.00	\$5.00	
13. LOANS			
(a) Loans owed BY The Candidate/PCC or the Committee (Schedule E)	\$0.00	\$0.00	
(b) Loans owed TO The Candidate/PCC or the Committee (Schedule E-1)	\$0.00	\$0.00	
(c) Total Loans [add Lines 13(a) and (b)]	\$0.00	\$0.00	
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$0.00	\$24.91	
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$0.00	\$0.00	
16. TOTAL RECEIPTS [add Lines 11(f), 12, 13(c), 14 and 15]	\$38,404.60	\$58,511.19	
II. EXPENDITURES			
17. OPERATING EXPENDITURES (Schedule B)	\$66,218.22	\$98,372.28	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$0.00	\$0.00	
19. LOAN REPAYMENTS:			
(a) Of Loans owed BY the Candidate/PCC or the Committee (Schedule E)	\$0.00	\$0.00	
(b) Of Loans owed TO the Candidate/PCC or the Committee (Schedule E-1)	\$0.00	\$0.00	
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$0.00	\$0.00	
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$440.00	\$820.00	
(b) Political Party Committees (Schedule B-3)	\$0.00	\$0.00	
(c) Other Political Committees (Schedule B-4)	\$0.00	\$0.00	
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$440.00	\$820.00	
21. OTHER EXPENDITURES			
(a) Independent Expenditures (Schedule B-5)	\$0.00	\$0.00	
(b) Offsets to Receipts (Schedule B-6)	\$0.00	\$100.00	
(c) Total Other Expenditures [add Lines 21(a) and 21(b)]	\$0.00	\$100.00	
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$66,658.22	\$99,292.28	
III. CASH SUMMARY			
23. CASH ON HAND AT THE BEGINNING OF REPORTING PERIOD		\$80,990.65	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$38,404.60	
25. SUBTOTAL (add Line 23 and Line 24)		\$119,395.25	
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$66,658.22	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from Line 25)		\$52,737.03	

SCHEDULE A

Page 3 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Andrew Abraham 4119 Davis Pl NW Apt 105 Washington, DC 20007-1254	Name and Address of Employer Dickstein Shapiro LLP	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$35.00			
Full Name, Mailing Address and Zip Code Neil Albert 1358 Locust Rd NW Address Line 2 Washington, DC 20012-1319	Name and Address of Employer Holland and Knight LLP	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$300.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Senior Policy Advisor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$300.00			
Full Name, Mailing Address and Zip Code Aaron Albright 2609 Sherman Ave NW Washington, DC 20001-3933	Name and Address of Employer CMS	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Director, Media Relations		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			

SUBTOTAL receipts for this page.....	\$435.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 4 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Adina Alpert 1726 Seaton St NW Washington, DC 20009-2626		Name and Address of Employer Environmental protection agency		Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Analyst			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$20.00	
Full Name, Mailing Address and Zip Code David Alpert 1769 Church St NW Washington, DC 20036-1301		Name and Address of Employer None		Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Blogger			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$250.00	
Full Name, Mailing Address and Zip Code Sharon Ambrose 333 5th St SE Washington, DC 20003-2049		Name and Address of Employer Retired		Date (month, day, year) 02/06/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation retired			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$400.00	

SUBTOTAL receipts for this page.....	\$370.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 5 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Sharon Ambrose 333 5th St SE Washington, DC 20003-2049		Name and Address of Employer Retired	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$400.00		
Full Name, Mailing Address and Zip Code Deborah Amster 2001 Bishops Castle Dr Olney, MD 20832-1642		Name and Address of Employer Deborah Amster	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation health coach		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Michael Amster 2001 Bishops Castle Dr Olney, MD 20832-1642		Name and Address of Employer L-3 Communications	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director of Sales		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$125.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 6 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Ari Appel 741 Irving St NW Washington, DC 20010-1519		Name and Address of Employer Partnership Project Inc	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Political Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$120.00		
Full Name, Mailing Address and Zip Code Peter Appel 6209 Arkendale Rd Alexandria, VA 22307-1002		Name and Address of Employer AlixPartners	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Management Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$105.00		
Full Name, Mailing Address and Zip Code Peter Appel 6209 Arkendale Rd Alexandria, VA 22307-1002		Name and Address of Employer AlixPartners	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Management Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$105.00		

SUBTOTAL receipts for this page.....	\$170.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Peter Appel 6209 Arkendale Rd Alexandria, VA 22307-1002	Name and Address of Employer AlixPartners	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Management Consultant Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$105.00		
Full Name, Mailing Address and Zip Code Ken Archer 1626 33rd St NW Washington, DC 20007-2724	Name and Address of Employer Telogical Systems	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation CTO Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$200.00		
Full Name, Mailing Address and Zip Code Judah Ariel 1417 Newton St NW Apt 405 Washington, DC 20010-3106	Name and Address of Employer Sidley Austin LLP	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$400.00		

SUBTOTAL receipts for this page.....	\$285.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 8 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Judah Ariel 1417 Newton St NW Apt 405 Washington, DC 20010-3106	Name and Address of Employer Sidley Austin LLP	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$350.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)	
		Aggregate Year-To-Date- \$400.00	
Full Name, Mailing Address and Zip Code Craig Auster 636 Massachusetts Ave NE Washington, DC 20002-6006	Name and Address of Employer Self	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Political Consultant	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)	
		Aggregate Year-To-Date- \$20.00	
Full Name, Mailing Address and Zip Code Anne-Marie Bairstow 2802 27th St NW Washington, DC 20008-4102	Name and Address of Employer WC Smith	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation VP Marketing and Communications	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)	
		Aggregate Year-To-Date- \$200.00	

SUBTOTAL receipts for this page.....	\$570.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code P. Gregory Banks 1967 Biltmore St NW Washington, DC 20009-1509		Name and Address of Employer retired	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation health care		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$270.00		
Full Name, Mailing Address and Zip Code Oscar G Bargnes 640 Rivard Blvd Grosse Pointe, MI 48230-1252		Name and Address of Employer Painters Supply and Equipment Co.	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Senior Vice President		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Patricia Bargnes 640 Rivard Blvd Grosse Pointe, MI 48230-1252		Name and Address of Employer Coldwell Banker	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Realtor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		

SUBTOTAL receipts for this page.....	\$1,250.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Adam Barr 1390 Kenyon St NW Apt 708 Washington, DC 20010-7228	Name and Address of Employer Democracy Builders	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Regional Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Lauren Barsanti 39 Story St # 3 Boston, MA 02127-3072	Name and Address of Employer MGH	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Administrative Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$105.00			
Full Name, Mailing Address and Zip Code Lauren Barsanti 39 Story St # 3 Boston, MA 02127-3072	Name and Address of Employer MGH	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$5.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Administrative Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$105.00			

SUBTOTAL receipts for this page.....	\$155.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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Brianne for DC

Full Name, Mailing Address and Zip Code Bineesh Batra 1710 Euclid St NW Washington, DC 20009-2810		Name and Address of Employer US Fish and Wildlife Service	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Division of Realty		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Brenda Batts 1451 Belmont St NW 109 Washington, DC 20009-6616		Name and Address of Employer National Council of Jewish Women	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Office Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Max Bentovim 1204 Franklin St NE Washington, DC 20017-2420		Name and Address of Employer TSA	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$108.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Paralegal		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$108.00		

SUBTOTAL receipts for this page.....	\$228.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Shira Bergstein 1754 Willard St NW Apt 2 Washington, DC 20009-1719	Name and Address of Employer USDOT	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$18.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation goverment employee		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$18.00			
Full Name, Mailing Address and Zip Code Nathaniel Berman 1111 Army Navy Dr Apt 1014 Arlington, VA 22202-2039	Name and Address of Employer US Department of Labor	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Steffanie Bezruki 57 Rhode Island Ave NW Apt 1 Washington, DC 20001-1318	Name and Address of Employer Booz Allen Hamilton	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			

SUBTOTAL receipts for this page.....	\$58.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 13 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Ranjan K Biswas 16422 Regatta Ln Woodbridge, VA 22191-6320	Name and Address of Employer Congressional Research Services	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Application Specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Greg Bitz 5407 Uppingham St Chevy Chase, MD 20815-5509	Name and Address of Employer Metropolitan Financial Group, Inc.	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Financial Planner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Joanna Blotner 1416 Florida Ave NW Apt 1 Washington, DC 20009-5802	Name and Address of Employer Religious Coalition for Reproductive Choice	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Activist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			

SUBTOTAL receipts for this page.....	\$170.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Miklos Bodnar 1308 Fairmont St NW Apt 1 Washington, DC 20009-6980	Name and Address of Employer ManTech International	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$10.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Executive Assistant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$10.00			
Full Name, Mailing Address and Zip Code Chris Bohner 3324 19th St NW Washington, DC 20010-1007	Name and Address of Employer Radish LLP	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Research		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Claiborne Booker 36 Kennedy St Ste 320 Alexandria, VA 22305-2517	Name and Address of Employer Self-Employed	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Investment Management		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			

SUBTOTAL receipts for this page.....	\$110.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Matthew J Borghard 1307 Clifton St NW Apt 23 Washington, DC 20009-7059	Name and Address of Employer National Strategies LLC	Date (month, day, year) 02/03/2014	Amount of Each Receipt This Period \$10.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$10.00			
Full Name, Mailing Address and Zip Code John Bratsakis 2000 Sherlock Holmes St Eldersburg, MD 21784-6878	Name and Address of Employer MD DC Credit Union Association	Date (month, day, year) 02/01/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Clare Bresnahan 2303 14th St NW Apt 611 Washington, DC 20009-4148	Name and Address of Employer Women's Campaign Fund	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Political and Programs Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			

SUBTOTAL receipts for this page.....	\$135.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 16 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Brightwood Antenna LLC 5880 Colorado Avenue NW Washington, DC 20011-2824	Name and Address of Employer 	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other	Occupation 		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			
Full Name, Mailing Address and Zip Code Brian Brotsos 539 Irving St NW Washington, DC 20010-2903	Name and Address of Employer US Department of Treasury	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Fiscal Service		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Rashida Brown 430 Irving St NW Apt 106 Washington, DC 20010-2924	Name and Address of Employer American Public Human Service Association	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$75.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Senior Policy Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$75.00			

SUBTOTAL receipts for this page.....	\$625.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Alayna Buckner 2125 14th St NW 211 W Washington, DC 20009-4464	Name and Address of Employer Elevate	Date (month, day, year) 02/13/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Sam T Bui 1964 Curtner Ave San Jose, CA 95124-1302	Name and Address of Employer Self	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Hair Salon Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Amber Bursik 2035 2nd St NW Apt GL01 Washington, DC 20001-5612	Name and Address of Employer Chef	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$75.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation DC9		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify) Food for Fundraiser		
Aggregate Year-To-Date- \$75.00			

SUBTOTAL receipts for this page.....	\$175.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Judy Byron 1910 Park Rd NW Washington, DC 20010-1021		Name and Address of Employer Self	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Photographer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	
Full Name, Mailing Address and Zip Code Dionne J Calhoun 4805 Iowa Ave NW Washington, DC 20011-4426		Name and Address of Employer Councilmember Grosso	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$23.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Chief of Staff		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$23.00	
Full Name, Mailing Address and Zip Code Andrew Campanella 1010 Grand Villas Dr Miramar Beach, FL 32550-4179		Name and Address of Employer SCES	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Education		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$100.00	

SUBTOTAL receipts for this page.....	\$173.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Michelle Campbell 1884 Columbia Rd NW Apt TH1 Washington, DC 20009-5185	Name and Address of Employer Library of Congress	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Librarian		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$35.00			
Full Name, Mailing Address and Zip Code Steve Capanna 3205 Warder St NW Washington, DC 20010-2520	Name and Address of Employer Department of Energy	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Energy Policy Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code John Capozzi 3612 Austin St SE Washington, DC 20020-1244	Name and Address of Employer DC Government	Date (month, day, year) 02/07/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Human Capitol Management		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			

SUBTOTAL receipts for this page.....	\$105.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jessica Carmen 7762 Blueberry Hill Ln Ellicott City, MD 21043-7911		Name and Address of Employer Lonza	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Business Development Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Winifred Y Carson-Smith 330 T St NW Washington, DC 20001-1843		Name and Address of Employer Carson Company LLC	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Matthew Caywood 1414 Belmont St NW Apt 304 Washington, DC 20009-6636		Name and Address of Employer MITRE	Date (month, day, year) 02/02/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation engineer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		

SUBTOTAL receipts for this page.....	\$225.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code

Chaikin, Sherman, Cammarata & Siegel, PC
1232 17th St NW
Washington, DC 20036-3003

Name and Address of Employer

Date (month, day, year)

03/10/2014

Amount of Each Receipt This Period

\$250.00

Contributor Type

☐ Corp. ☐ Labor ☐ Individual
☐ Partnership ☒ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Contribution Type:

☐ Cash ☐ Money Order ☒ Check
☐ Cashier Check ☐ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$250.00

Full Name, Mailing Address and Zip Code

Dianne Chambers
437 Irving St NW
Washington, DC 20010-2912

Name and Address of Employer

Research Assistant

Date (month, day, year)

03/08/2014

Amount of Each Receipt This Period

\$100.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Hogan Lovells

Contribution Type:

☐ Cash ☐ Money Order ☒ Check
☐ Cashier Check ☐ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$100.00

Full Name, Mailing Address and Zip Code

Cole Chance
2013 Klinge Rd NW
Washington, DC 20010-1012

Name and Address of Employer

Merkle Inc.

Date (month, day, year)

02/27/2014

Amount of Each Receipt This Period

\$50.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Business Systems Analyst

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$50.00

SUBTOTAL receipts for this page.....	\$400.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Mara Cherkasky 603 Rock Creek Church Rd NW Washington, DC 20010-1614		Name and Address of Employer Self	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$10.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Historian		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$10.00		
Full Name, Mailing Address and Zip Code Julia Christian 1426 C St NE Washington, DC 20002-6463		Name and Address of Employer Anacostia Playhouse	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation COO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Stephen L Cochran 1932 Calvert St NW Apt 3 Washington, DC 20009-1562		Name and Address of Employer DC Government	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation City Planner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		

SUBTOTAL receipts for this page.....	\$130.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code

Rachel Cohen
2013 New Hampshire Ave NW
Apt 316
Washington, DC 20009-3418

Name and Address of Employer

Union of Concerned Scientist

Date (month, day, year)

03/10/2014

Amount of Each Receipt This Period

\$35.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Outreach Coordinator

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$35.00

Full Name, Mailing Address and Zip Code

Christopher Conald
939 Longfellow St NW
Apt 203
Washington, DC 20011-8229

Name and Address of Employer

Montgomery HOC

Date (month, day, year)

03/07/2014

Amount of Each Receipt This Period

\$25.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Affordable Housing Developer

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$25.00

Full Name, Mailing Address and Zip Code

WILLIAM CONDELL
2458 Ontario Rd NW
Washington, DC 20009-2705

Name and Address of Employer

Unemployed

Date (month, day, year)

03/04/2014

Amount of Each Receipt This Period

\$35.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Unemployed

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$35.00

SUBTOTAL receipts for this page.....	\$95.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Christiane Connors 623 Lamont St NW Washington, DC 20010-2518		Name and Address of Employer The Edmund Burke School	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Education		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	
Full Name, Mailing Address and Zip Code David Constantine 3642 11th St NW Apt B Washington, DC 20010-1456		Name and Address of Employer El Centro	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Bartender		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Judith Coode 1456 Fairmont St NW Washington, DC 20009-7924		Name and Address of Employer Maryknoll	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Community Coordinator		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$100.00	

SUBTOTAL receipts for this page.....	\$145.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Paul Cooper 323 9th St NE Washington, DC 20002-6115		Name and Address of Employer Face to Face Strategies	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$75.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$75.00		
Full Name, Mailing Address and Zip Code Vanessa G Corononi 1705 Surrey Ln NW Washington, DC 20007-2018		Name and Address of Employer Regan Zumbi Long	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$200.00		
Full Name, Mailing Address and Zip Code Ryan Costello 716 Lamont St NW Apt 3 Washington, DC 20010-1524		Name and Address of Employer Centers for Medicare and Medicaid Services	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Health Insurance Specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$325.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Conrad Daly 1101 L St NW Apt 105 Washington, DC 20005-4032	Name and Address of Employer World Bank	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Elizabeth Dangio 1311 S St NW Washington, DC 20009-5767	Name and Address of Employer TTR Sotheby's Real Estate	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Realtor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Maygene Daniels 816 Massachusetts Ave NE Washington, DC 20002-6016	Name and Address of Employer National Gallery of Art	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Archivist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$250.00			

SUBTOTAL receipts for this page.....	\$320.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Daniel Davis 2001 N Adams St Unit 632 Arlington, VA 22201-3785	Name and Address of Employer US Health & Human Services	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Health Policy Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Janice H Davis 1420 Primrose Rd NW Washington, DC 20012-1224	Name and Address of Employer Davis Planning	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			
Full Name, Mailing Address and Zip Code Thomas Dawes Jr 1653 38th St SE Washington, DC 20020-2327	Name and Address of Employer Development Corporation of Columbia Heights	Date (month, day, year) 02/14/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Project Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			

SUBTOTAL receipts for this page.....	\$70.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Marie A Dennis 708 Rock Creek Church Rd NW Washington, DC 20010-1617		Name and Address of Employer Pax Christi	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Co-President		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Daniel Diamond 2627 Adams Mill Rd NW Apt 105 Washington, DC 20009-2145		Name and Address of Employer Advisory Board Company	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Journalist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Joel Didriksen 1200 Fairmont St NW Washington, DC 20009-5322		Name and Address of Employer 1905 Restaurant	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Bartender		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$200.00		

SUBTOTAL receipts for this page.....	\$400.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code

District Design LLC
1766 Florida Ave NW
Washington, DC 20009-2783

Name and Address of Employer

Date (month, day, year)

03/06/2014

Amount of Each Receipt This Period

\$500.00

Contributor Type

☐ Corp. ☐ Labor ☐ Individual
☐ Partnership ☒ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Contribution Type:

☐ Cash ☐ Money Order ☒ Check
☐ Cashier Check ☐ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$500.00

Full Name, Mailing Address and Zip Code

David Do
422 Lamont St NW
Washington, DC 20010-2525

Name and Address of Employer

University of Maryland

Date (month, day, year)

02/09/2014

Amount of Each Receipt This Period

\$200.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Teaching Assistant

Contribution Type:

☐ Cash ☐ Money Order ☒ Check
☐ Cashier Check ☐ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$200.00

Full Name, Mailing Address and Zip Code

Dennis Do
1964 Curtner Ave
San Jose, CA 95124-1302

Name and Address of Employer

Self

Date (month, day, year)

03/05/2014

Amount of Each Receipt This Period

\$50.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Occupation

Dry Cleaning Owner

Contribution Type:

☐ Cash ☐ Money Order ☒ Check
☐ Cashier Check ☐ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Aggregate Year-To-Date- \$50.00

SUBTOTAL receipts for this page.....	\$750.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Kathryn Doan 2474 Ontario Rd NW Washington, DC 20009-2705		Name and Address of Employer Capital Area Immigrants' Rights Coalition		Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Executive Director			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$50.00	
Full Name, Mailing Address and Zip Code Jennifer Dodenhoff 2480 16th St NW Apt 843 Washington, DC 20009-6707		Name and Address of Employer IBEW		Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Research Manager			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$75.00	
Full Name, Mailing Address and Zip Code Adam Ducker 8009 Park Ln Bethesda, MD 20814-1309		Name and Address of Employer RCLCO Real Estate Advisors		Date (month, day, year) 02/02/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Managing Director			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$100.00	

SUBTOTAL receipts for this page.....	\$175.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Siobhan Dugan 3646 Warder St NW Washington, DC 20010-1635		Name and Address of Employer Corporation for National and Community Service	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Media Relations Specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Sarah Edelman 2480 16th St NW Apt 805 Washington, DC 20009-6706		Name and Address of Employer Center for American Progress	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Housing policy analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Matt Eldridge 1417 Chapin St NW Apt 401 Washington, DC 20009-8523		Name and Address of Employer Sphere Consulting	Date (month, day, year) 02/26/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Senior Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		

SUBTOTAL receipts for this page.....	\$80.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Angela Elkins 1963 Biltmore St NW Washington, DC 20009-1509	Name and Address of Employer American Music Therapy Association	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Director of Membership Services		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Nathan Empsall 324 D St NE Washington, DC 20002-5722	Name and Address of Employer Sierra Club	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Senior Digital Innovation Campaigner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Sarah Epstein 5620 Oregon Ave NW Washington, DC 20015-1132	Name and Address of Employer Retired	Date (month, day, year) 02/06/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Social Work		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			

SUBTOTAL receipts for this page.....	\$250.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Matthew Erickson 1816 New Hampshire Ave NW Apt 608 Washington, DC 20009-3243		Name and Address of Employer 76 Words	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation political consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Carol Ertley 601 Willow Way Prince Frederick, MD 20678-3107		Name and Address of Employer Calvert County Schools, MD	Date (month, day, year) 02/26/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Substitute Teacher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$105.00		
Full Name, Mailing Address and Zip Code Carol Ertley 601 Willow Way Prince Frederick, MD 20678-3107		Name and Address of Employer Calvert County Schools, MD	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Substitute Teacher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$105.00		

SUBTOTAL receipts for this page.....	\$135.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Ernest Fascett 1515 Jefferson Davis Hwy Apt 1210 Arlington, VA 22202-3315		Name and Address of Employer Federal Government - Dept of Transportation - FAA		Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Financial Analyst			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date- \$200.00			
Full Name, Mailing Address and Zip Code Thomas Fazzini 1810 13th St NW Apt 2 Washington, DC 20009-7896		Name and Address of Employer West End Strategy Team		Date (month, day, year) 02/21/2014	Amount of Each Receipt This Period \$75.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Public Relations			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date- \$125.00			
Full Name, Mailing Address and Zip Code Phillip Fenty 1905 Kenyon St NW Washington, DC 20010-2620		Name and Address of Employer None		Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date- \$20.00			

SUBTOTAL receipts for this page.....	\$145.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Ian Ferguson 345 Oakdale Pl NW Apt 302 Washington, DC 20001-1773	Name and Address of Employer OnDeck	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Software Engineer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			
Full Name, Mailing Address and Zip Code Nicolas Ferreyros 2315 15th St NW Washington, DC 20009-4005	Name and Address of Employer GYMR LLC	Date (month, day, year) 02/22/2014	Amount of Each Receipt This Period \$15.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$45.00			
Full Name, Mailing Address and Zip Code Nicolas Ferreyros 2315 15th St NW Washington, DC 20009-4005	Name and Address of Employer GYMR LLC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$15.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$45.00			

SUBTOTAL receipts for this page.....	\$530.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Eric Fidler 439 Elm St NW Washington, DC 20001-2328		Name and Address of Employer TenSquare, LLC	Date (month, day, year) 02/14/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Development consulting		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$350.00		
Full Name, Mailing Address and Zip Code Eric Fidler 439 Elm St NW Washington, DC 20001-2328		Name and Address of Employer TenSquare, LLC	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Development consulting		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$350.00		
Full Name, Mailing Address and Zip Code Mindie Flamholz 3 Lively Stone Ct Baltimore, MD 21209-5220		Name and Address of Employer U of MD School of Medicine 3 Lively Stone Ct Baltimore, MD 21209-5220	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$375.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Doug Foote 1510 Park Rd NW Apt 3 Washington, DC 20010-2214	Name and Address of Employer Working America	Date (month, day, year) 02/06/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Online Organizer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$110.00			
Full Name, Mailing Address and Zip Code Doug Foote 1510 Park Rd NW Apt 3 Washington, DC 20010-2214	Name and Address of Employer Working America	Date (month, day, year) 02/23/2014	Amount of Each Receipt This Period \$5.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Online Organizer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$110.00			
Full Name, Mailing Address and Zip Code Doug Foote 1510 Park Rd NW Apt 3 Washington, DC 20010-2214	Name and Address of Employer Working America	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Online Organizer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$110.00			

SUBTOTAL receipts for this page.....	\$105.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jim Forrest 2004 4th St NE Washington, DC 20002-1274	Name and Address of Employer Merkle Inc	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Campaign Analyst Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Michael Forster 2007 Vermont Ave NW Washington, DC 20001-4029	Name and Address of Employer Forster Law Firm, PLLC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Adrienne Fowler 3610 13th St NW Washington, DC 20010-1409	Name and Address of Employer US DOJ -- donation made in my personal capacity	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Lawyer Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$70.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code John K Freeman 1066 30th St NW Washington, DC 20007-3822		Name and Address of Employer Chesapeake Management	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Real Estate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Justin Friedman 2750 14th St NW Apt PH1 Washington, DC 20009-6909		Name and Address of Employer American Financial Services Association	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$224.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$224.00		
Full Name, Mailing Address and Zip Code Rivka Friedman 1821 Belmont Rd NW 2 Washington, DC 20009-5171		Name and Address of Employer The Advisory Board Company	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Senior Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$774.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Samantha Friedman 2256 Cathedral Ave NW Apt 2 Washington, DC 20008-1504		Name and Address of Employer West End Strategy Team	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Publicist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	
Full Name, Mailing Address and Zip Code Matthew Frumin 4709 Albemarle St NW Washington, DC 20016-2037		Name and Address of Employer Cassidy Levy Kent LLP	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$500.00	
Full Name, Mailing Address and Zip Code Tim Fullerton 3314 Mount Pleasant St NW Apt 48 Washington, DC 20010-1828		Name and Address of Employer U.S. Department of the Interior	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director of Digital Strategy		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	

SUBTOTAL receipts for this page.....	\$550.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Courtney Garmon 1772 Willard St NW # 1 Washington, DC 20009-1719		Name and Address of Employer University of Maryland	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Student Activities Coordinator		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Nancy Garruba 3103 19th St NW Washington, DC 20010-2609		Name and Address of Employer Nancy Garruba	Date (month, day, year) 02/03/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation writer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$250.00	
Full Name, Mailing Address and Zip Code Frances A Gatz 2456 20th St NW Apt 408 Washington, DC 20009-1529		Name and Address of Employer Environmental Expeditions	Date (month, day, year) 03/05/2014	Amount of Each Receipt This Period \$40.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Principal		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$40.00	

SUBTOTAL receipts for this page.....	\$310.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Victoria Gersten 3526 Edmunds St NW Washington, DC 20007-1431		Name and Address of Employer N/A	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation mother		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$200.00		
Full Name, Mailing Address and Zip Code Sara Gibson 1791 Lanier Pl NW Washington, DC 20009-2138		Name and Address of Employer Miriam's Kitchen	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Chief Development Officer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Katherine Gigliotti 1400 20th St NW Apt 208 Washington, DC 20036-5957		Name and Address of Employer Latham & Watkins	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		

SUBTOTAL receipts for this page.....	\$320.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Arielle Gingold 1615 Q St NW Apt 310 Washington, DC 20009-6314		Name and Address of Employer Bend the Arc Jewish Action	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$10.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation public policy		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$10.00	
Full Name, Mailing Address and Zip Code Richard P Goldberg 1499 Massachusetts Avenuw, NW Apt 807 Washington, DC 20005		Name and Address of Employer Self-Employed	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	
Full Name, Mailing Address and Zip Code Harold Goldfield 2137 Bancroft Pl NW Washington, DC 20008-4019		Name and Address of Employer Hogan Lovells	Date (month, day, year) 02/24/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	

SUBTOTAL receipts for this page.....	\$110.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Laura Goldin 3411 17th St NE Washington, DC 20018-2349	Name and Address of Employer U.S. Nuclear Regulatory Commission	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Jonathan Goldman 1307 C St NE Washington, DC 20002-6441	Name and Address of Employer Sutherland	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Dan Golinski 676 Washington Rd Grosse Pointe, MI 48230-1226	Name and Address of Employer General Dynamics	Date (month, day, year) 02/10/2014	Amount of Each Receipt This Period \$33.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation planner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$66.00			

SUBTOTAL receipts for this page.....	\$103.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Anna Goltz 61 Purcell Dr Louisa, VA 23093-6560		Name and Address of Employer The Montpelier Foundation	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Annual Giving		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Keith Goodman 307 Park Pl Brooklyn, NY 11238-3905		Name and Address of Employer ColorofChange Washington, DC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$150.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Chief of Staff		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$400.00		
Full Name, Mailing Address and Zip Code Jessica Gordon 3116B 18th St. NW Washington, DC 20010-2608		Name and Address of Employer US EPA	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$225.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Davye Gould 1965 Biltmore St NW Washington, DC 20009-1509		Name and Address of Employer Retired	Date (month, day, year) 03/05/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$200.00		
Full Name, Mailing Address and Zip Code Ian Grant 911 Glaizewood Ave Takoma Park, MD 20912-5837		Name and Address of Employer Department of Defense	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Special Assistant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Joseph Green III 2209 N Sycamore St Arlington, VA 22205-1944		Name and Address of Employer Idea Public Charter School	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$30.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director of Development		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$30.00		

SUBTOTAL receipts for this page.....	\$280.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code John Green 1927 13th St NW Washington, DC 20009-4546		Name and Address of Employer Le Dip	Date (month, day, year) 02/11/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Underemployed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Marie Green-Holland 1720 Kenyon St NW Washington, DC 20010-2617		Name and Address of Employer Retired	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Michael Gridley 1010 W St NW Washington, DC 20001-4034		Name and Address of Employer Wiley Rein LLP	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$95.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jessica Grounds 811 4th St NW Unit 1208 Washington, DC 20001-4927		Name and Address of Employer Running Start	Date (month, day, year) 02/28/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Executive Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Deepti Gudipati 2001 Hamilton St 929 Philadelphia, PA 19130-4201		Name and Address of Employer AAUW	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Courtney S Hagner 2853 Ontario Rd NW Washington, DC 20009-2224		Name and Address of Employer Self-Employed	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Self-Employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$120.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Alana Hairston 332 Saint Nicholas Ave Apt 3R New York, NY 10027-3615		Name and Address of Employer Keep a Child Alive	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Public Health Professional		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Delicia Hand 11612 Galt Ave Silver Spring, MD 20902-2750		Name and Address of Employer Cfpb	Date (month, day, year) 02/10/2014	Amount of Each Receipt This Period \$150.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$150.00		
Full Name, Mailing Address and Zip Code Yuki Haraguchi 7133 7th St NW Washington, DC 20012-1801		Name and Address of Employer Paxton Law Group	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Law Clerk		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$70.00		

SUBTOTAL receipts for this page.....	\$205.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Yuki Haraguchi 7133 7th St NW Washington, DC 20012-1801	Name and Address of Employer Paxton Law Group	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Law Clerk		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$70.00			
Full Name, Mailing Address and Zip Code Joshua Hart 1041 5th St SE Washington, DC 20003-3454	Name and Address of Employer Pew Charitable Trusts	Date (month, day, year) 02/21/2014	Amount of Each Receipt This Period \$5.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Researcher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$5.00			
Full Name, Mailing Address and Zip Code Joshua Hastings 725 Canvasback Ct Salisbury, MD 21804-8682	Name and Address of Employer Eastern Shore Land Conservancy	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Policy Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			

SUBTOTAL receipts for this page.....	\$75.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Katherine Heller 606 Harvard St NW Washington, DC 20001-2910		Name and Address of Employer World Bank	Date (month, day, year) 02/04/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Social Development Specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Christina Henderson 1825 7th St NW Apt 714 Washington, DC 20001-5177		Name and Address of Employer Council of the District of Columbia	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Deputy Chief of Staff		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$75.00		
Full Name, Mailing Address and Zip Code John Henderson 1102 Monroe St NW Washington, DC 20010-2014		Name and Address of Employer Maryland-National Capital Park and Planning Commission	Date (month, day, year) 02/06/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation City Planner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		

SUBTOTAL receipts for this page.....	\$150.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Samantha P Hicks 14 Dover Ct Rockville Centre, NY 11570-2222		Name and Address of Employer Finance Director	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Brianne For DC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Samantha P Hicks 14 Dover Ct Rockville Centre, NY 11570-2222		Name and Address of Employer Finance Director	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Brianne For DC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Mindy Hirsch 616 Silver Spring Ave Apt 1 Silver Spring, MD 20910-4656		Name and Address of Employer Excel Public Charter 409 Windsor St Silver Spring, MD 20910-4243	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$36.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Teacher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$36.00		

SUBTOTAL receipts for this page.....	\$136.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code

Rachel Hochheiser Hochheiser Schwartz
6403 Winnepeg Rd
Bethesda, MD 20817-1659

Name and Address of Employer

BBYO

Date (month, day, year)

03/10/2014

Amount of Each Receipt This Period

\$25.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Occupation

Director of Professional Development

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Aggregate Year-To-Date- \$25.00

Full Name, Mailing Address and Zip Code

Patricia Hoppey
1324 T St NW
Washington, DC 20009-4439

Name and Address of Employer

The Pivot Group

Date (month, day, year)

02/27/2014

Amount of Each Receipt This Period

\$500.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Occupation

Consultant

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Aggregate Year-To-Date- \$500.00

Full Name, Mailing Address and Zip Code

Roger Horowitz
1727 Kilbourne Pl NW
Apt B
Washington, DC 20010-2605

Name and Address of Employer

Pleasant Pops

Date (month, day, year)

03/10/2014

Amount of Each Receipt This Period

\$25.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Occupation

Frozen Ice Pop maker

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Aggregate Year-To-Date- \$25.00

SUBTOTAL receipts for this page.....	\$550.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Steve Hurst 128 W St NW Washington, DC 20001-1619	Name and Address of Employer DDOT	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Transportation Planner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Gabriel T Iglesia 1 Morgan Pl Yellow Springs, OH 45387-1683	Name and Address of Employer Community Consortium Media Center	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Intern		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			
Full Name, Mailing Address and Zip Code Keith Ivey 3901 Connecticut Ave NW Washington, DC 20008-2413	Name and Address of Employer Smokescreen	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Computer Programmer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			

SUBTOTAL receipts for this page.....	\$95.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Tania Jackson 3128 Sherman Ave NW Apt 8 Washington, DC 20010-1581	Name and Address of Employer DP Consultants, Inc	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$21.26
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Compliance Monitor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify) Food for Fundraiser		
Aggregate Year-To-Date- \$121.26			
Full Name, Mailing Address and Zip Code Tania Jackson 3128 Sherman Ave NW Apt 8 Washington, DC 20010-1581	Name and Address of Employer DP Consultants, Inc	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Compliance Monitor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$121.26			
Full Name, Mailing Address and Zip Code Marty Janis 2131 K St NW Washington, DC 20037-1856	Name and Address of Employer Atlantic Parking	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			

SUBTOTAL receipts for this page.....	\$621.26
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Catherine E Javorsky 3300 16th St NW Apt 703 Washington, DC 20010-2256	Name and Address of Employer Korn/Ferry	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Lynsey Jeffries 2246 Ontario Rd NW Washington, DC 20009-2607	Name and Address of Employer Higher achievement	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Nonprofit CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Sam Jewler 4301 Kansas Ave NW Washington, DC 20011-7221	Name and Address of Employer Public Citizen	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$36.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Research/Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$36.00			

SUBTOTAL receipts for this page.....	\$76.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Linda J Johnson 2415 20th St NW Apt 28 Washington, DC 20009-1523		Name and Address of Employer Retired	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Troy M Johnson 2801 14th St NW Apt 717 Washington, DC 20009-4958		Name and Address of Employer Retired	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Annie P Kaplan 777 6th St NW Washington, DC 20001-3723		Name and Address of Employer Kaplan Law, PA	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		

SUBTOTAL receipts for this page.....	\$550.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Lori Kaplan 1741 Irving St NW Washington, DC 20010-2612		Name and Address of Employer Latin American Youth Center	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation President & CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code BRADFORD KARRER 1353 Otis Pl NW Washington, DC 20010-3436		Name and Address of Employer REVOLUTION ENERGY SOLUTIONS LLC	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation PROJECT MANAGER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$120.00		
Full Name, Mailing Address and Zip Code BRADFORD KARRER 1353 Otis Pl NW Washington, DC 20010-3436		Name and Address of Employer REVOLUTION ENERGY SOLUTIONS LLC	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation PROJECT MANAGER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$120.00		

SUBTOTAL receipts for this page.....	\$220.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Dara Katz 1414 Belmont St NW Apt 210 Washington, DC 20009-6639	Name and Address of Employer USAID	Date (month, day, year) 02/28/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Development specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$85.00			
Full Name, Mailing Address and Zip Code Dara Katz 1414 Belmont St NW Apt 210 Washington, DC 20009-6639	Name and Address of Employer USAID	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Development specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$85.00			
Full Name, Mailing Address and Zip Code Laura Katzin 2400 16th St NW Apt 430 Washington, DC 20009-6627	Name and Address of Employer National Alliance for Public Charter Schools	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Education		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			

SUBTOTAL receipts for this page.....	\$105.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Nancy K. Kaufman 372 Central Park W Apt 19N New York, NY 10025-8213		Name and Address of Employer NCJW Inc	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	
Full Name, Mailing Address and Zip Code Susi Keffer 3531 Sheffield Manor Ter Apt 302 Silver Spring, MD 20904-7298		Name and Address of Employer Pure Romance by Susi	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Direct Sales		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Aviva Kempner 5005 Linnean Ave NW Washington, DC 20008-2042		Name and Address of Employer the ciesla foundation	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$36.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation filmmaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$236.00	

SUBTOTAL receipts for this page.....	\$106.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Andrew Kennedy 540 Hobart Pl NW Washington, DC 20001-2914		Name and Address of Employer radio free asia	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation production engineer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Ashley Kennedy 1338 W St NW Apt 1 Washington, DC 20009-4415		Name and Address of Employer PwC	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Accountant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$40.00		
Full Name, Mailing Address and Zip Code Lauren W Kline 4563 East West Highway Bethesda, MD 20814-3309		Name and Address of Employer Long and Foster Real Estate	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Real Estate Agent		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		

SUBTOTAL receipts for this page.....	\$555.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Kimberly Koops-Wrabek 1307 Clifton St NW Apt 23 Washington, DC 20009-7059		Name and Address of Employer US House of Representatives	Date (month, day, year) 02/23/2014	Amount of Each Receipt This Period \$4.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Scheduler		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$4.00	
Full Name, Mailing Address and Zip Code Erin Kopp 109 N Ardmore Rd Bexley, OH 43209-1446		Name and Address of Employer Jewish Federation of Columbus	Date (month, day, year) 02/11/2014	Amount of Each Receipt This Period \$10.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Vice President		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Alan Korby 23705 Wintergreen Cir Novi, MI 48374-3680		Name and Address of Employer Solara Medical Supplies	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Business Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$150.00	

SUBTOTAL receipts for this page.....	\$64.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 63 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Keith Krivitzky 675 Ocean Ave Apt 6N Long Branch, NJ 07740-5148		Name and Address of Employer Jewish federation Long Branch, NJ		Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Exec dir			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$85.00	
Full Name, Mailing Address and Zip Code Henry Krokosky 3524 W Grand Meadows Dr Appleton, WI 54914-8887		Name and Address of Employer retired		Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation retired			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$25.00	
Full Name, Mailing Address and Zip Code Neal Krokosky 1855 N Cambridge Ave Apt 309 Milwaukee, WI 53202-1735		Name and Address of Employer Weiss Berzowski Brady LLP Brookfield, WI		Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$165.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)			
		Aggregate Year-To-Date-		\$165.00	

SUBTOTAL receipts for this page.....	\$225.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Meghan Kruger 10 Grandeville Ct Apt 914 Wakefield, RI 02879-8210	Name and Address of Employer Martineau Davis and Associates	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Client Relations		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code David R Kuhla 607 Irving St NW Washington, DC 20010-2905	Name and Address of Employer Process Informatics, Inc	Date (month, day, year) 02/24/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Nathaniel Kupferman 2256 Cathedral Ave NW Apt 2 Washington, DC 20008-1504	Name and Address of Employer Dixon Hughes Goodman LLP	Date (month, day, year) 02/16/2014	Amount of Each Receipt This Period \$10.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Tax Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$10.00			

SUBTOTAL receipts for this page.....	\$130.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jacob Kurtzer 4616 34th St S Arlington, VA 22206-1702	Name and Address of Employer ICRC	Date (month, day, year) 02/14/2014	Amount of Each Receipt This Period \$180.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$270.00			
Full Name, Mailing Address and Zip Code Jacob Kurtzer 4616 34th St S Arlington, VA 22206-1702	Name and Address of Employer ICRC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$90.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$270.00			
Full Name, Mailing Address and Zip Code Ryan Kusmin 1810 13th St NW 2 Washington, DC 20009-7896	Name and Address of Employer Debevoise & Plimpton LLP	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			

SUBTOTAL receipts for this page.....	\$320.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Paul Levy 1698 Lanier Pl NW Washington, DC 20009-2929	Name and Address of Employer Public Citizen	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$150.00			
Full Name, Mailing Address and Zip Code Tim Libutti 3900 Fairfax Dr Unit 1322 Arlington, VA 22203-1688	Name and Address of Employer Government	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Civil Servant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Maury Lieberman 1606 Beekman Pl NW Apt C Washington, DC 20009-4020	Name and Address of Employer Retired	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$66.66
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$190.11			

SUBTOTAL receipts for this page.....	\$186.66
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Chan Lieu 205 18th St SE Apt 2 Washington, DC 20003-1687		Name and Address of Employer USDOT	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Kirk Lilley 919 S St NW Washington, DC 20001-4115		Name and Address of Employer Hobsons	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Information Technology Professional		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Estell M Lloyd 1325 Hamilton St NW Washington, DC 20011-6921		Name and Address of Employer Retired	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$175.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Michael Locke 2013 New Hampshire Ave NW Apt 303 Washington, DC 20009-3419	Name and Address of Employer US DHS	Date (month, day, year) 02/11/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Economist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code James Loots 634 G St SE Washington, DC 20003-2728	Name and Address of Employer Law Offices of James M Loots	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Gayle Lorenzi 5408 Soledad Rd La Jolla, CA 92037-7042	Name and Address of Employer UCSD	Date (month, day, year) 02/03/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation RN		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			

SUBTOTAL receipts for this page.....	\$120.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code David Lowenstein 1926 Calvert St NW Washington, DC 20009-1502	Name and Address of Employer Mitel	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Director of Business Development		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$200.00			
Full Name, Mailing Address and Zip Code Jeremiah Lowery 4612 Georgia Ave NW Washington, DC 20011-7128	Name and Address of Employer roc-dc	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation advocate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			
Full Name, Mailing Address and Zip Code Henri E Lubet 1137 Fairmont St NW Washington, DC 20009-5319	Name and Address of Employer SODEXO	Date (month, day, year) 02/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Catering Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			

SUBTOTAL receipts for this page.....	\$250.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Rachel Lyons 2480 16th St NW Apt 315 Washington, DC 20009-6753		Name and Address of Employer National Partnership for Women and Families	Date (month, day, year) 02/19/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Brandon MacGillis 1455 Florida Ave NW 1b Washington, DC 20009-5813		Name and Address of Employer Pew Charitable Trusts	Date (month, day, year) 02/01/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Communications officer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$60.00		
Full Name, Mailing Address and Zip Code Brandon MacGillis 1455 Florida Ave NW 1b Washington, DC 20009-5813		Name and Address of Employer Pew Charitable Trusts	Date (month, day, year) 03/01/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Communications officer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$60.00		

SUBTOTAL receipts for this page.....	\$140.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Adriana MacGregor 1954 Columbia Rd NW 707 Washington, DC 20009-5078		Name and Address of Employer Lisa Vandenburg, Ltd.	Date (month, day, year) 03/05/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Controller		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Meredith MacKenzie 2630 Adams Mill Rd NW Apt 305 Washington, DC 20009-2172		Name and Address of Employer West End Strategy Team	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation PR Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code David Magilner 1332 Belmont St NW Apt 302 Washington, DC 20009-4894		Name and Address of Employer silver spring emergency physicians	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$95.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Paul Magno 3650 Warder St NW Washington, DC 20010-1635		Name and Address of Employer Nonviolence International	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Finance Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Joshua Magri 10855 Bucknell Dr Silver Spring, MD 20902-4325		Name and Address of Employer ISA	Date (month, day, year) 02/28/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation AVP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code John Mahoney 601 Pennsylvania Ave NW Apt 1506 Washington, DC 20004-2643		Name and Address of Employer Regional Title Incorporated	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$250.00		

SUBTOTAL receipts for this page.....	\$350.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Vaughn Maley 1822 Kalorama Rd NW Washington, DC 20009-5187		Name and Address of Employer Retired	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Stephanie Maltz 1727 R St NW Apt 402 Washington, DC 20009-2448		Name and Address of Employer Self-Employed (Safe States Alliance)	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code David Manchester 225 Walden St Apt 2J Cambridge, MA 02140-3517		Name and Address of Employer Brandeis University	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Research Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$85.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jonathan Manheim 1761 Harvard St NW Washington, DC 20009-2905	Name and Address of Employer Endeavor Air	Date (month, day, year) 02/04/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Airline pilot		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			
Full Name, Mailing Address and Zip Code David Manowitz 1757 Euclid St NW Washington, DC 20009-2880	Name and Address of Employer US Department of Energy	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Operations Research Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code David Marlin 2101 Connecticut Ave NW Apt 34 Washington, DC 20008-1754	Name and Address of Employer retired	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$70.00			

SUBTOTAL receipts for this page.....	\$175.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code David Marlin 2101 Connecticut Ave NW Apt 34 Washington, DC 20008-1754	Name and Address of Employer retired	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$70.00			
Full Name, Mailing Address and Zip Code Jackie Marlin 2101 Connecticut Ave NW Apt 34 Washington, DC 20008-1754	Name and Address of Employer Retired	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Chebon Marshall 100 I St SE Apt 413 Washington, DC 20003-4856	Name and Address of Employer Self employed	Date (month, day, year) 02/28/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Political management consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			

SUBTOTAL receipts for this page.....	\$170.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Nicholas S Mattera 3167 18th St NW Washington, DC 20010-2637		Name and Address of Employer Capitol One	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Computer Programmer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$250.00		
Full Name, Mailing Address and Zip Code Amy Mauro 122 Kentucky Ave SE Washington, DC 20003-1446		Name and Address of Employer DC Government	Date (month, day, year) 02/17/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Brett McBride 1639 Monroe St NW Washington, DC 20010-1803		Name and Address of Employer US Bureau of Labor Statistics	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Survey methodologist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$45.00		

SUBTOTAL receipts for this page.....	\$325.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 77 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Sheila McCormick 1705 Lanier Pl NW Apt 107 Washington, DC 20009-2120		Name and Address of Employer NTEU	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Public relations		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Richard McCosh 1327 Park Rd NW Apt B Washington, DC 20010-7250		Name and Address of Employer Currently Unemployed	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation N/A		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Dorn McGrath Jr. 2719 Brandywine St NW Washington, DC 20008-1041		Name and Address of Employer Retired-from GWU	Date (month, day, year) 03/01/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired as Professor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$80.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Scott McKee 1111 M St NW Apt 4 Washington, DC 20005-4336		Name and Address of Employer Bipartisan Policy Center	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Policy Analysis		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code India McKinney 616 E St NW Apt 407 Washington, DC 20004-2269		Name and Address of Employer US House of Representatives	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Legislative Assistant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Anna McLaughlin 901 Euclid St NW Washington, DC 20001-3927		Name and Address of Employer DDOT	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Planner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		

SUBTOTAL receipts for this page.....	\$90.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Graham D McLaughlin 1911 9 1/2 St NW Washington, DC 20001-4110		Name and Address of Employer Advisory Board Company	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Senior Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Sean Meloy 763 3rd St NE Washington, DC 20002-4311		Name and Address of Employer Public Knowledge	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Campaign Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Jeffrey Menzer 120 E St SE Washington, DC 20003-2613		Name and Address of Employer Self Employed	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Health care consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$250.00		

SUBTOTAL receipts for this page.....	\$320.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Seth Michaels 1884 Columbia Rd NW Apt TH1 Washington, DC 20009-5185		Name and Address of Employer none	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation unemployed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	
Full Name, Mailing Address and Zip Code Daniel Michelson-Horowitz 1611 New Jersey Ave NW Washington, DC 20001-2407		Name and Address of Employer None	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Student		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$40.00	
Full Name, Mailing Address and Zip Code Daniel Michelson-Horowitz 1611 New Jersey Ave NW Washington, DC 20001-2407		Name and Address of Employer None	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Student		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$40.00	

SUBTOTAL receipts for this page.....	\$90.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jarek Mika 3222 13th St NW Washington, DC 20010-2410		Name and Address of Employer Bistro Bohem	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Restaurant Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Robert Miller 3305 35th St NW Washington, DC 20016-3141		Name and Address of Employer DC Government	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Zoning Commissioner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Vic Miller 1851 California St NW Washington, DC 20009-1808		Name and Address of Employer None	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$250.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Gladys M Mitchell 1807 Kilbourne Pl NW Washington, DC 20010-2622		Name and Address of Employer Retired	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Stephen Money 1875 Mintwood Pl NW Apt 26 Washington, DC 20009-1950		Name and Address of Employer U.S. Department of State	Date (month, day, year) 02/24/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Academic Exchange Specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Lynne Montgomery 3220 17th St NW Apt 403 Washington, DC 20010-2111		Name and Address of Employer FCC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$70.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Meghan Moorhouse 1012 Woodrow Ave Norfolk, VA 23507-1135		Name and Address of Employer none	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation homemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	
Full Name, Mailing Address and Zip Code Ann Morse 1840 Mintwood Pl NW Apt G2 Washington, DC 20009-1939		Name and Address of Employer NCSL	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Program Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Gene Moses 900 French St NW Washington, DC 20001-4146		Name and Address of Employer International Finance Corporation	Date (month, day, year) 02/07/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Agribusiness Strategist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	

SUBTOTAL receipts for this page.....	\$120.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Lissy Moskowitz 1876 Monroe St NW Washington, DC 20010-1015		Name and Address of Employer NARAL Pro-Choice America	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Lawyer/lobbyist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$53.00	
Full Name, Mailing Address and Zip Code Keeley Mullis 1825 16th St NW Apt 1 Washington, DC 20009-6474		Name and Address of Employer NFIB	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Grassroots Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Miriam Mund 1103 Arcola Ave Silver Spring, MD 20902-3405		Name and Address of Employer Hillel Foundation	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation administrative		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	

SUBTOTAL receipts for this page.....	\$60.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Robert Nadeau 1337 Meridian Pl NW Washington, DC 20010-3422		Name and Address of Employer FEMA	Date (month, day, year) 02/08/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Division Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Michael Nardelli 309 4th St SE Apt 1 Washington, DC 20003-2042		Name and Address of Employer Nelson Mullins Riley & Scarborough	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Sharon Nathanson 20 Bouton Green Ct Baltimore, MD 21210-1503		Name and Address of Employer retired Baltimore, MD	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation social worker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$560.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code ND Capital Management 4110 Kansas Ave NW Washington, DC 20011-5723	Name and Address of Employer	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Margret L Nedelkoff 1854 Biltmore St NW Washington, DC 20009-1904	Name and Address of Employer FBR and Company	Date (month, day, year) 02/04/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Chief Administrative Officer Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Christopher C Nehls 962 Irving Street NW Washington, DC 20010	Name and Address of Employer CQ Roll Call Group	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$60.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Researcher Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date- \$60.00		

SUBTOTAL receipts for this page.....	\$1,060.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code

William W. Nelson III
2480 16th St NW
Apt 716
Washington, DC 20009-6745

Name and Address of Employer

Independent Contractor

Date (month, day, year)

03/09/2014

Amount of Each Receipt This Period

\$20.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Occupation

Hospitality Outreach

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Aggregate Year-To-Date- \$20.00

Full Name, Mailing Address and Zip Code

James C Neuhauser
1854 Biltmore St NW
Washington, DC 20009-1904

Name and Address of Employer

FBR and Company

Date (month, day, year)

02/04/2014

Amount of Each Receipt This Period

\$500.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Occupation

Chief Investment Officer

Contribution Type:

☐ Cash ☐ Money Order ☒ Check
☐ Cashier Check ☐ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Aggregate Year-To-Date- \$500.00

Full Name, Mailing Address and Zip Code

Nelly Nieblas
1601 Argonne Pl NW
224
Washington, DC 20009-5948

Name and Address of Employer

Public Allies

Date (month, day, year)

02/18/2014

Amount of Each Receipt This Period

\$20.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Occupation

Policy Director

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Aggregate Year-To-Date- \$40.00

SUBTOTAL receipts for this page.....	\$540.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Carrie Nixon 216 Apple Blossom Ct Vienna, VA 22181-5406		Name and Address of Employer Self	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Nonna Noto 1852 Columbia Rd NW Apt 302 Washington, DC 20009-2019		Name and Address of Employer Retired	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$40.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$40.00		
Full Name, Mailing Address and Zip Code Farid Nouri 4840 Reservoir Rd NW Washington, DC 20007-1561		Name and Address of Employer 18th St. Lounge	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation co owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$250.00		

SUBTOTAL receipts for this page.....	\$310.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Chris Otten 1830 Belmont Rd NW Washington, DC 20009-5162	Name and Address of Employer self-employed	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation community organizer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			
Full Name, Mailing Address and Zip Code Luis Padilla 1345 Otis Pl NW Washington, DC 20010-3436	Name and Address of Employer Unity Health Care	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Gregory Paige 1929 1st St NW Apt 202 Washington, DC 20001-1047	Name and Address of Employer US Federal Government	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Accountant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			

SUBTOTAL receipts for this page.....	\$145.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Anthony Pandolfo 1718 13th St NW Washington, DC 20009-4305		Name and Address of Employer M Powered Strategies	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Federal Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Kushal Patel 5233 Locksley Ave Oakland, CA 94618-1040		Name and Address of Employer Energy and Environmental Economics, Inc.	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$100.00	
Full Name, Mailing Address and Zip Code Carol Peasley 4469 Q St NW Washington, DC 20007-2071		Name and Address of Employer None	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$100.00	

SUBTOTAL receipts for this page.....	\$220.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Victor Perry 1400 20th St NW Apt 612 Washington, DC 20036-5993	Name and Address of Employer Mellman Group	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Gary Peterson 810 Massachusetts Ave NE Washington, DC 20002-6016	Name and Address of Employer Self	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			
Full Name, Mailing Address and Zip Code Kelly Peterson 1218 Euclid St NW Washington, DC 20009-5330	Name and Address of Employer DDOT	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Planner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			

SUBTOTAL receipts for this page.....	\$650.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jessica L Pierno 1763 Columbia Rd NW Apt 502 Washington, DC 20009-2891		Name and Address of Employer Yoga Heights LLC	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	
Full Name, Mailing Address and Zip Code John Pittman 9640 Culver St Kensington, MD 20895-3630		Name and Address of Employer Paxton Law Group LLP	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$120.00	
Full Name, Mailing Address and Zip Code John Pittman 9640 Culver St Kensington, MD 20895-3630		Name and Address of Employer Paxton Law Group LLP	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$120.00	

SUBTOTAL receipts for this page.....	\$170.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Sara Polon 2724 Ordway St NW Apt 5 Washington, DC 20008-5047		Name and Address of Employer Self	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$36.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$72.00	
Full Name, Mailing Address and Zip Code Lilah Pomerance 1702 Lanier Pl NW Washington, DC 20009-2291		Name and Address of Employer Seiu	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$180.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Organizer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$180.00	
Full Name, Mailing Address and Zip Code Pamela L Porter 3517 10th St NW Washington, DC 20010-1401		Name and Address of Employer Dept of Defense	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	

SUBTOTAL receipts for this page.....	\$241.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jessie Posilkin 2480 16th St NW Apt 805 Washington, DC 20009-6706		Name and Address of Employer Legal Services Corporation	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation IT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$35.00	
Full Name, Mailing Address and Zip Code Mary Procter 324 G St SE Washington, DC 20003-4215		Name and Address of Employer none	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	
Full Name, Mailing Address and Zip Code Mary Procter 324 G St SE Washington, DC 20003-4215		Name and Address of Employer none	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	

SUBTOTAL receipts for this page.....	\$85.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 95 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code John Racin 1721 Lamont St NW Washington, DC 20010-2601		Name and Address of Employer Self	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Geneine Ratcliff 3574 11th St NW Washington, DC 20010-2025		Name and Address of Employer HUD	Date (month, day, year) 02/01/2014	Amount of Each Receipt This Period \$3.87
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Management Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$11.68		
Full Name, Mailing Address and Zip Code Geneine Ratcliff 3574 11th St NW Washington, DC 20010-2025		Name and Address of Employer HUD	Date (month, day, year) 02/04/2014	Amount of Each Receipt This Period \$7.81
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Management Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$11.68		

SUBTOTAL receipts for this page.....	\$46.68
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Lisa Raymond 132 12th St NE Washington, DC 20002-6471	Name and Address of Employer Self-employed: Lisa J Raymond Consulting	Date (month, day, year) 02/16/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Jessica Rechten 4820 N Winchester Ave # 2 Chicago, IL 60640-4007	Name and Address of Employer Presence Health	Date (month, day, year) 02/01/2014	Amount of Each Receipt This Period \$15.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Development Officer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$45.00			
Full Name, Mailing Address and Zip Code Jessica Rechten 4820 N Winchester Ave # 2 Chicago, IL 60640-4007	Name and Address of Employer Presence Health	Date (month, day, year) 03/01/2014	Amount of Each Receipt This Period \$15.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Development Officer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$45.00			

SUBTOTAL receipts for this page.....	\$130.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Rick Reinhard 1910 Park Rd NW Washington, DC 20010-1021		Name and Address of Employer Self	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Photographer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Cerece Rennie Murphy 5330 Woodlot Rd Columbia, MD 21044-5720		Name and Address of Employer self	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation writer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Elaine Reuben 1901 Wyoming Ave NW Washington, DC 20009-5067		Name and Address of Employer Retired	Date (month, day, year) 02/01/2014	Amount of Each Receipt This Period \$54.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$54.00		

SUBTOTAL receipts for this page.....	\$204.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Matthew Rhoades 1626 15th St NW Apt 101 Washington, DC 20009-3890		Name and Address of Employer Grant Thornton LLP	Date (month, day, year) 02/15/2014	Amount of Each Receipt This Period \$150.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Web manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$300.00		
Full Name, Mailing Address and Zip Code Matthew Rhoades 1626 15th St NW Apt 101 Washington, DC 20009-3890		Name and Address of Employer Grant Thornton LLP	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$150.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Web manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$300.00		
Full Name, Mailing Address and Zip Code Katherine Rhodes 1421 W St NW Washington, DC 20009-5803		Name and Address of Employer GSA	Date (month, day, year) 02/26/2014	Amount of Each Receipt This Period \$26.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Program Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$26.00		

SUBTOTAL receipts for this page.....	\$326.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

Page 99 of 135 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Alice M Rivlin 2838 Chesterfield Pl NW Washington, DC 20008-1015		Name and Address of Employer Brookings Institution	Date (month, day, year) 02/23/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation economist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Adina Rosenbaum 2800 Woodley Rd NW Apt 246 Washington, DC 20008-4116		Name and Address of Employer Public Citizen	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$150.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$150.00		
Full Name, Mailing Address and Zip Code David Rosenblatt 520 T St NW Washington, DC 20001-1811		Name and Address of Employer SEIU	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Researcher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		

SUBTOTAL receipts for this page.....	\$750.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Eric Rosenthal 120 E St SE Washington, DC 20003-2613		Name and Address of Employer Children's National Medical Center	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Pediatrician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$250.00		
Full Name, Mailing Address and Zip Code Martha Ross 1869 Mintwood Pl NW Apt 11 Washington, DC 20009-1953		Name and Address of Employer Brookings Institution	Date (month, day, year) 03/05/2014	Amount of Each Receipt This Period \$150.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation researcher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$150.00		
Full Name, Mailing Address and Zip Code Lisa Rucker 1446 Belmont St NW Washington, DC 20009-4007		Name and Address of Employer DC CYITC	Date (month, day, year) 02/18/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director of Training		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$450.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Frederick Ruf 2038 Pierce Mill Rd NW Washington, DC 20010-1023		Name and Address of Employer Georgetown University	Date (month, day, year) 02/09/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation professor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Sam Sadle 3060 16th St NW Apt 609 Washington, DC 20009-4245		Name and Address of Employer Baker Donelson	Date (month, day, year) 02/06/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Project Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$20.00	
Full Name, Mailing Address and Zip Code Michael Sager 1933 Lincoln Rd NE Washington, DC 20002-1357		Name and Address of Employer PICO National Network	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Technology Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$50.00	

SUBTOTAL receipts for this page.....	\$90.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code John T Salatti 131 U St NW Washington, DC 20001-1605		Name and Address of Employer Acacia Consulting Inc	Date (month, day, year) 02/24/2014	Amount of Each Receipt This Period \$51.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Consulting		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$51.00		
Full Name, Mailing Address and Zip Code Deborah Salzberg 50 Public Sq Ste 1600 Cleveland, OH 44113-2295		Name and Address of Employer Executive Vice President	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Forest City		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Michael Salzberg 50 Public Sq Ste 1600 Cleveland, OH 44113-2295		Name and Address of Employer Self	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Contractor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		

SUBTOTAL receipts for this page.....	\$1,051.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Seth Samuels 1709 Kenyon St NW Washington, DC 20010-2616		Name and Address of Employer Civis Analytics	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$10.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Survey Scientist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$10.00	
Full Name, Mailing Address and Zip Code Christine Saum 2456 20th St NW Apt 409 Washington, DC 20009-1529		Name and Address of Employer NCPC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Architect		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	
Full Name, Mailing Address and Zip Code Stephanie Schlatter 216 Maryland Ave NE Apt 1 Washington, DC 20002-5736		Name and Address of Employer BuckleySandler LLP	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	

SUBTOTAL receipts for this page.....	\$60.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Steve Schwat 3406 Connecticut Ave NW Washington, DC 20008-1306	Name and Address of Employer UIP Companies	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation President and CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			
Full Name, Mailing Address and Zip Code Margo Scott Dunn 3318 Sherman Ave NW Apt 103 Washington, DC 20010-1549	Name and Address of Employer The Campaign Workshop	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Senior Account Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$20.00			
Full Name, Mailing Address and Zip Code Carrie Seltzer 708 Rock Creek Church Rd NW Washington, DC 20010-1617	Name and Address of Employer University of Maryland	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Research Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$75.00			

SUBTOTAL receipts for this page.....	\$570.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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Brianne for DC

Full Name, Mailing Address and Zip Code Carrie Seltzer 708 Rock Creek Church Rd NW Washington, DC 20010-1617		Name and Address of Employer University of Maryland	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Research Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$75.00	
Full Name, Mailing Address and Zip Code David Sendor-Israel 1325 18th St NW Apt 401 Washington, DC 20036-6503		Name and Address of Employer Liberty Mutual	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	
Full Name, Mailing Address and Zip Code Adam Shaffer 1530 16th St NW Apt 608 Washington, DC 20036-1456		Name and Address of Employer American Iron and Steel Institute	Date (month, day, year) 02/26/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Government Relations		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date-	\$25.00	

SUBTOTAL receipts for this page.....	\$75.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code C. Michael Shaffer 1420 Rhode Island Ave NW Washington, DC 20005-5401		Name and Address of Employer Trammell and Company	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Vice President		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Laela Shallal 1347 T St NW Washington, DC 20009-7877		Name and Address of Employer Stone Soup, Inc	Date (month, day, year) 02/25/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation VP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Eileen Shapiro 629 Rivard Blvd Grosse Pointe, MI 48230-1250		Name and Address of Employer Retired	Date (month, day, year) 02/05/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Preschool Director/Teacher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$375.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Victor Shargai 4200 Massachusetts Ave NW Ph 11 Washington, DC 20016-4744		Name and Address of Employer NA	Date (month, day, year) 03/05/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation NA		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$250.00		
Full Name, Mailing Address and Zip Code Charles A. Shields, Jr. 3728 Military Rd NW Washington, DC 20015-1766		Name and Address of Employer International Urogynecological Association	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$140.00		
Full Name, Mailing Address and Zip Code Michael Shyavitz 1368 Euclid St NW 407 Washington, DC 20009-4830		Name and Address of Employer NOAA	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation IT Specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		

SUBTOTAL receipts for this page.....	\$385.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Jonathan C Silverman 5437 Connecticut Ave NW Apt 807 Washington, DC 20015-2797		Name and Address of Employer Self	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code George Simson 1229 Pennsylvania Ave SE Washington, DC 20003-2227		Name and Address of Employer Spectrum Management	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Real Estate Services		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Vanda Skuras 1660 Littlestone Rd Grosse Pointe Woods, MI 48236-1955		Name and Address of Employer Retired	Date (month, day, year) 02/01/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		

SUBTOTAL receipts for this page.....	\$635.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code John Sonsalla 460 L St NW Unit 436 Washington, DC 20001-2553		Name and Address of Employer Brownstein Hyatt Farber Schreck	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Policy Advisor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Neil Spears 600 S Curson Ave Apt 604 Los Angeles, CA 90036-5801		Name and Address of Employer CFY	Date (month, day, year) 02/03/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Executive Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Pamela Springs PO Box 73973 Washington, DC 20056-3973		Name and Address of Employer National Urban League	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation VP, Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		

SUBTOTAL receipts for this page.....	\$625.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code John M Stanton 3415 Morrison St NW Washington, DC 20015-1741		Name and Address of Employer Solar City	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$300.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation VP Government Affairs		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$300.00		
Full Name, Mailing Address and Zip Code Laura Stanton 1421 W St NW Washington, DC 20009-5803		Name and Address of Employer General Services Administration	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Program Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Eli Staub 1370 Taylor St NW Washington, DC 20011-5508		Name and Address of Employer Seiu	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Researcher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$375.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Leon Stavrou 4863 28th St N Arlington, VA 22207-2765		Name and Address of Employer The Next Generation Initiative	Date (month, day, year) 02/06/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Caroline Stuart-Freas 13 S St NW Washington, DC 20001-1127		Name and Address of Employer Blackbaud, Inc.	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Client Success Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Meghan Stumpf 303 Vernon Ave Glen Burnie, MD 21061-2245		Name and Address of Employer IFS Financial	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Admin Asst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$150.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Robert Summersgill 3701 Connecticut Ave NW 139 Washington, DC 20008-4553		Name and Address of Employer National Academy of Sciences	Date (month, day, year) 03/01/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Robert Summersgill 3701 Connecticut Ave NW 139 Washington, DC 20008-4553		Name and Address of Employer National Academy of Sciences	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$75.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Christopher Suranna 726 Girard St NW Washington, DC 20001-3821		Name and Address of Employer Metro DC Houses	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Realtor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$250.00		

SUBTOTAL receipts for this page.....	\$350.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Robert Sweeney 7107 Granberry Way Springfield, VA 22151-3325	Name and Address of Employer Executive Director	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Greater Washington Sports Alliance		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$250.00			
Full Name, Mailing Address and Zip Code Robyn Swirling 1417 Newton St NW Apt 405 Washington, DC 20010-3106	Name and Address of Employer self	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation political consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$35.00			
Full Name, Mailing Address and Zip Code Christine Szathmary 2010 8th St NW Washington, DC 20001-3023	Name and Address of Employer Homemaker	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Homemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$45.00			

SUBTOTAL receipts for this page.....	\$310.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Michael E Tacelosky 2100 R St NW Washington, DC 20008-1932		Name and Address of Employer Smokescreen	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Programmer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Sandra Tasic 1707 Columbia Rd NW Apt 408 Washington, DC 20009-2838		Name and Address of Employer Booz Allen Hamilton	Date (month, day, year) 02/27/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Ellen R Taylor 3636 16th St NW Apt B1044 Washington, DC 20010-4100		Name and Address of Employer Retired	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$545.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Timothy Temple 228 9th St SE Washington, DC 20003-2111		Name and Address of Employer Splash Car Wash	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Car Wash Magnate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Zachary Teutsch 1323 Shepherd St NW Washington, DC 20011-5529		Name and Address of Employer CFPB	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Consumer Response Specialist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Angelos Themelis 2627 N Nottingham St Arlington, VA 22207-1248		Name and Address of Employer Transportation Inc.	Date (month, day, year) 02/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		

SUBTOTAL receipts for this page.....	\$1,020.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Dana Thomas 1801 Clydesdale Pl NW 522 Washington, DC 20009-6006		Name and Address of Employer WellPoint	Date (month, day, year) 02/14/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Lawyer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Total Wine and More 11325 Seven Locks Rd Potomac, MD 20854-3205		Name and Address of Employer	Date (month, day, year) 03/03/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other		Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify) Wine for Fundraiser		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Kristoffer Tripplaar 2480 16th St NW Apt 843 Washington, DC 20009-6707		Name and Address of Employer Self-Employed	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Photographer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$70.00		

SUBTOTAL receipts for this page.....	\$650.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Tryst 2459 18th St NW Washington, DC 20009-2003	Name and Address of Employer 	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$180.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other	Occupation 		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify) Food for Rally		
Aggregate Year-To-Date- \$180.00			
Full Name, Mailing Address and Zip Code Christina Tsafoulis 3420 Brown St NW Apt B Washington, DC 20010-1899	Name and Address of Employer Robert Bosch Foundation	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Fellow		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Theano V Tsagka 1331 D St SE Apt 6 Washington, DC 20003-2306	Name and Address of Employer Turner Strategies	Date (month, day, year) 02/07/2014	Amount of Each Receipt This Period \$30.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Communications Strategist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$30.00			

SUBTOTAL receipts for this page.....	\$235.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Doguman Uluca 453 Lamont St NW Washington, DC 20010-2524		Name and Address of Employer Excella Consulting	Date (month, day, year) 03/08/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Edward Ungvarsky 1754 Kenyon St NW Washington, DC 20010-2617		Name and Address of Employer Northern Virginia Capital Defender Office	Date (month, day, year) 02/02/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$100.00		
Full Name, Mailing Address and Zip Code Peggy Upmeyer 600 Washington Rd Grosse Pointe, MI 48230-1663		Name and Address of Employer Arts & Scraps 600 Washington Rd Grosse Pointe, MI 48230-1663	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		

SUBTOTAL receipts for this page.....	\$250.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Urban Igloo 1808 I St NW Washington, DC 20006-5416	Name and Address of Employer 	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other	Occupation 		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify) Food for Fundraiser		
Aggregate Year-To-Date- \$200.00			
Full Name, Mailing Address and Zip Code Susan Van Pool 2707 Adams Mill Rd NW Apt 401 Washington, DC 20009-2115	Name and Address of Employer Self-Employed	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Artist		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			
Full Name, Mailing Address and Zip Code Sarah Venuto Perez 2221 13th St NW Washington, DC 20009-4409	Name and Address of Employer America's Natural Gas Alliance	Date (month, day, year) 02/23/2014	Amount of Each Receipt This Period \$90.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Attorney/Federal Affairs		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$90.00			

SUBTOTAL receipts for this page.....	\$340.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Kim Vilov 1332 Wallach Pl NW Washington, DC 20009-4451		Name and Address of Employer Self employed	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Realtor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Kimberly Vinick 2326 1/2 20th St NW Washington, DC 20009-1412		Name and Address of Employer Marshfield Associates	Date (month, day, year) 03/07/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Marketing Associate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Kenneth C Vogelstein 9018 Alto Dale Farm Rd Pikesville, MD 21208-1153		Name and Address of Employer Wais, Vogelstein and Forman LLC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		

SUBTOTAL receipts for this page.....	\$600.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Gary A Wais 1829 Reisterstown Rd Ste 425 Pikesville, MD 21208-7107		Name and Address of Employer Vogelstein and Forman LLC	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		
Full Name, Mailing Address and Zip Code Kyle WardDahl 5002 7th St NW Washington, DC 20011-4014		Name and Address of Employer Capital Financial Group, Inc.	Date (month, day, year) 02/26/2014	Amount of Each Receipt This Period \$35.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Accountant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$35.00		
Full Name, Mailing Address and Zip Code Adrian G Washington 192 Shephard Street NW Washington, DC 20011		Name and Address of Employer NDC Builders	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Real Estate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$500.00		

SUBTOTAL receipts for this page.....	\$1,035.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Ariel Weisbard 1336 Taylor St NW Washington, DC 20011-5508		Name and Address of Employer Employment Justice Center	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$200.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Deputy Director		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$200.00		
Full Name, Mailing Address and Zip Code Amy Weiser 4414 Lingan Rd NW Washington, DC 20007-2513		Name and Address of Employer U.S. Dep't of Health and Human Services	Date (month, day, year) 02/22/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Steven Wellner 1710 Summit Pl NW Unit 1710 1/2 Washington, DC 20009-2910		Name and Address of Employer Federal Energy Regulatory Commission	Date (month, day, year) 02/19/2014	Amount of Each Receipt This Period \$30.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Attorney Advisory		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$60.00		

SUBTOTAL receipts for this page.....	\$250.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Molly Whalen 4072 Mansion Dr NW Washington, DC 20007-2134		Name and Address of Employer The Ivymount School & Programs	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$30.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director of Development & Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Molly Whalen 4072 Mansion Dr NW Washington, DC 20007-2134		Name and Address of Employer The Ivymount School & Programs	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Director of Development & Communications		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$50.00		
Full Name, Mailing Address and Zip Code Brian White 623 Lamont St NW Washington, DC 20010-2518		Name and Address of Employer Attorney	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Save the Children		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		

SUBTOTAL receipts for this page.....	\$75.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Keith White 5801 Nicholson Ln Rockville, MD 20852-5719		Name and Address of Employer Paxton Law Group	Date (month, day, year) 03/04/2014	Amount of Each Receipt This Period \$20.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$20.00		
Full Name, Mailing Address and Zip Code Carol Wigder 7147 Hunters Ridge Dr Dallas, TX 75248-5205		Name and Address of Employer homemaker	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$25.00		
Full Name, Mailing Address and Zip Code Dustin Williams 2732 Cassedy St Silver Spring, MD 20910-1215		Name and Address of Employer DC Government	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$250.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other		Occupation Correspondence Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
		Aggregate Year-To-Date- \$275.00		

SUBTOTAL receipts for this page.....	\$295.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Dustin Williams 2732 Cassedy St Silver Spring, MD 20910-1215	Name and Address of Employer DC Government	Date (month, day, year) 03/10/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Correspondence Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$275.00			
Full Name, Mailing Address and Zip Code Carolina C Willis 2510 4th St NE Washington, DC 20002-1204	Name and Address of Employer Corner Corporation	Date (month, day, year) 03/02/2014	Amount of Each Receipt This Period \$25.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Informatic Analyst		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$25.00			
Full Name, Mailing Address and Zip Code Alex Wilson 2039 New Hampshire Ave NW Washington, DC 20009-3414	Name and Address of Employer DC Public Schools	Date (month, day, year) 02/18/2014	Amount of Each Receipt This Period \$50.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Administrator		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$50.00			

SUBTOTAL receipts for this page.....	\$100.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

SCHEDULE A

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ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code Andrew Wolf 2713 34th Pl NW Washington, DC 20007-1404	Name and Address of Employer J Street Companies	Date (month, day, year) 02/11/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Commercial Real Estate Broker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			
Full Name, Mailing Address and Zip Code Thomas Woteki 143 Kentucky Ave SE Washington, DC 20003-1447	Name and Address of Employer Acentia	Date (month, day, year) 03/09/2014	Amount of Each Receipt This Period \$500.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Chief Technology Officer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			
Full Name, Mailing Address and Zip Code Debra Yogodzinski 215 I St NE Apt 411 Washington, DC 20002-4485	Name and Address of Employer Rogers Yogodzinski LLP	Date (month, day, year) 03/06/2014	Amount of Each Receipt This Period \$100.00
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other	Occupation Partner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)	Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$100.00			

SUBTOTAL receipts for this page.....	\$700.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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FULL NAME OF COMMITTEE (NAME OF CANDIDATE, IF CANDIDATE IS REPORTING)

Brianne for DC

Full Name, Mailing Address and Zip Code

Henry Yu
1345 Meridian Pl NW
Washington, DC 20010-3422

Name and Address of Employer

FDA

Date (month,
day, year)

02/01/2014

Amount of Each
Receipt This
Period

\$30.00

Contributor Type

☐ Corp. ☐ Labor ☒ Individual
☐ Partnership ☐ Business ☐ Other

Occupation

consumer safety officer

Contribution Type:

☐ Cash ☐ Money Order ☐ Check
☐ Cashier Check ☒ Credit Card
☐ In Kind(specify) ☐ Other (specify)

Receipt For:

☒ Primary ☐ General ☐ Special
☐ Presidential Primary ☐ Other (specify)

Aggregate Year-To-Date- \$30.00

SUBTOTAL receipts for this page.....	\$30.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$37,149.60

ITEMIZED RECEIPTS FROM OTHER POLITICAL COMMITTEE

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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Full Name of Committee

Brianne for DC

Full Name, Mailing Address and Zip Code Atlantic Services Group, Inc. 2131 K St NW Ste 200 Washington, DC 20037-1856	Contributor Type <input type="checkbox"/> Corporate Sponsored PAC <input type="checkbox"/> Labor Sponsored PAC <input checked="" type="checkbox"/> Other PAC Candidate Cmte	Date (month, day, year) 03/10/2014	Amount of Each Receipt This \$500.00
Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			
Full Name, Mailing Address and Zip Code Emily's List Federal Fund 1800 M St NW Washington, DC 20036-5802	Contributor Type <input type="checkbox"/> Corporate Sponsored PAC <input type="checkbox"/> Labor Sponsored PAC <input checked="" type="checkbox"/> Other PAC PAC	Date (month, day, year) 03/07/2014	Amount of Each Receipt This \$250.00
Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$250.00			
Full Name, Mailing Address and Zip Code Washington DC Realtors Political Action Committee, Inc. 500 New Jersey Ave NW Ste 310 Washington, DC 20001-2026	Contributor Type <input type="checkbox"/> Corporate Sponsored PAC <input type="checkbox"/> Labor Sponsored PAC <input checked="" type="checkbox"/> Other PAC PAC	Date (month, day, year) 03/06/2014	Amount of Each Receipt This \$500.00
Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$500.00			

SUBTOTAL receipts for this page.....	\$1,250.00
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	\$1,250.00

**SCHEDULE B
ITEMIZED OPERATING EXPENDITURES**

Page 129 of 135 for Line Number 17

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brianne for DC

Full Name, Mailing Address and Zip Code 2014 Chavez-Gandhi-King-Shabazz Solidarity Dinner 1629 K St NW Ste 300	Purpose of Expenditure Advertising	Date (month, day, year) 02/10/2014	Amount of Each Expenditure This Period \$300.00
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code Amber Bursik 2035 2nd St NW Apt GL01 Washington, DC 20001-5612	Purpose of Expenditure Food for Fundraiser	Date (month, day, year) 03/02/2014	Amount of Each Expenditure This Period \$75.00
EMPLOYER NAME and ADDRESS Chef	* In-Kind Received Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION DC9			

Full Name, Mailing Address and Zip Code CVS 2601 Connecticut Ave NW Washington, DC 20008-1522	Purpose of Expenditure Stamps	Date (month, day, year) 02/14/2014	Amount of Each Expenditure This Period \$78.40
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code CVS 2129 14th St NW Washington, DC 20009-4411	Purpose of Expenditure Office Supplies	Date (month, day, year) 03/05/2014	Amount of Each Expenditure This Period \$4.22
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code CVS 2129 14th St NW Washington, DC 20009-4411	Purpose of Expenditure Office Supplies	Date (month, day, year) 03/05/2014	Amount of Each Expenditure This Period \$3.37
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

SUBTOTAL of Expenditures This Page (Optional).....	\$460.99
TOTAL This Period (aggregate the subtotal of all Expenditure pages).....	\$66,195.81

**SCHEDULE B
ITEMIZED OPERATING EXPENDITURES**

Page 130 of 135 for Line Number 17

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brianne for DC

Full Name, Mailing Address and Zip Code CVS 2129 14th St NW Washington, DC 20009-4411	Purpose of Expenditure Office Supplies	Date (month, day, year) 03/07/2014	Amount of Each Expenditure This Period \$4.21
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code Robb S Friedlander 3203 19th St NW Washington, DC 20010-1005	Purpose of Expenditure Payroll	Date (month, day, year) 02/03/2014	Amount of Each Expenditure This Period \$3,384.85
EMPLOYER NAME and ADDRESS Brianne For DC	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION Field Director			

Full Name, Mailing Address and Zip Code GBA Strategies 1901 L St NW Ste 702 Washington, DC 20036-3511	Purpose of Expenditure Poll	Date (month, day, year) 02/07/2014	Amount of Each Expenditure This Period \$15,750.00
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code Greater Washington Sports Alliance Foundation 2300 14th St NW Washington, DC 20009-4069	Purpose of Expenditure Rent	Date (month, day, year) 03/03/2014	Amount of Each Expenditure This Period \$2,500.00
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code Tania Jackson 3128 Sherman Ave NW Apt 8 Washington, DC 20010-1581	Purpose of Expenditure Food for Fundraiser	Date (month, day, year) 03/07/2014	Amount of Each Expenditure This Period \$21.26
EMPLOYER NAME and ADDRESS DP Consultants, Inc	* In-Kind Received Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION Compliance Monitor			

SUBTOTAL of Expenditures This Page (Optional).....	\$21,660.32
TOTAL This Period (aggregate the subtotal of all Expenditure pages).....	\$66,195.81

**SCHEDULE B
ITEMIZED OPERATING EXPENDITURES**

Page 131 of 135 for Line Number 17

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brianne for DC

Full Name, Mailing Address and Zip Code Michael Coscia 304 12th St SE Washington, DC 20003-2206	Purpose of Expenditure Printing	Date (month, day, year) 02/21/2014	Amount of Each Expenditure This Period \$753.47
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code Michael Coscia 304 12th St SE Washington, DC 20003-2206	Purpose of Expenditure Printing	Date (month, day, year) 03/01/2014	Amount of Each Expenditure This Period \$1,284.86
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code NGP VAN 1101 15th St NW Ste 500 Washington, DC 20005-5006	Purpose of Expenditure Fundraising	Date (month, day, year) 02/01/2014	Amount of Each Expenditure This Period \$150.00
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code NGP VAN 1101 15th St NW Ste 500 Washington, DC 20005-5006	Purpose of Expenditure Fundraising	Date (month, day, year) 03/01/2014	Amount of Each Expenditure This Period \$150.00
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code Niccole Rivero 816 E St NE Apt 511 Washington, DC 20002-5398	Purpose of Expenditure Consultant	Date (month, day, year) 02/03/2014	Amount of Each Expenditure This Period \$500.00
EMPLOYER NAME and ADDRESS Brianne For DC	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION Director of Fundraising			

SUBTOTAL of Expenditures This Page (Optional).....	\$2,838.33
TOTAL This Period (aggregate the subtotal of all Expenditure pages).....	\$66,195.81

**SCHEDULE B
ITEMIZED OPERATING EXPENDITURES**

Page 132 of 135 for Line Number 17

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brianne for DC

Full Name, Mailing Address and Zip Code Niccole Rivero 816 E St NE Apt 511 Washington, DC 20002-5398	Purpose of Expenditure Consultant	Date (month, day, year) 02/07/2014	Amount of Each Expenditure This Period \$500.00
EMPLOYER NAME and ADDRESS Brianne For DC	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION Director of Fundraising			

Full Name, Mailing Address and Zip Code Staples, Inc. 3100 14th St NW Washington, DC 20010-2415	Purpose of Expenditure Office Supplies	Date (month, day, year) 03/07/2014	Amount of Each Expenditure This Period \$16.91
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code The Pivot Group, Inc. 1720 I St NW Washington, DC 20006-3726	Purpose of Expenditure Mail	Date (month, day, year) 02/26/2014	Amount of Each Expenditure This Period \$20,167.58
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code The Pivot Group, Inc. 1720 I St NW Washington, DC 20006-3726	Purpose of Expenditure Mail	Date (month, day, year) 03/07/2014	Amount of Each Expenditure This Period \$19,617.68
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

Full Name, Mailing Address and Zip Code Total Wine and More 11325 Seven Locks Rd Potomac, MD 20854-3205	Purpose of Expenditure Wine for Fundraiser	Date (month, day, year) 03/03/2014	Amount of Each Expenditure This Period \$500.00
EMPLOYER NAME and ADDRESS	* In-Kind Received Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

SUBTOTAL of Expenditures This Page (Optional).....	\$40,802.17
TOTAL This Period (aggregate the subtotal of all Expenditure pages).....	\$66,195.81

**SCHEDULE B
ITEMIZED OPERATING EXPENDITURES**

Page 133 of 135 for Line Number 17

OCF FORM 16 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brianne for DC

Full Name, Mailing Address and Zip Code Tryst 2459 18th St NW Washington, DC 20009-2003	Purpose of Expenditure Food for Rally	Date (month, day, year) 03/08/2014	Amount of Each Expenditure This Period \$180.00
EMPLOYER NAME and ADDRESS	* In-Kind Received Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			
Full Name, Mailing Address and Zip Code Urban Igloo 1808 I St NW Washington, DC 20006-5416	Purpose of Expenditure Food for Fundraiser	Date (month, day, year) 03/06/2014	Amount of Each Expenditure This Period \$200.00
EMPLOYER NAME and ADDRESS	* In-Kind Received Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			
Full Name, Mailing Address and Zip Code wordpress.com 660 4th St San Francisco, CA 94107-1618	Purpose of Expenditure Website Domain Renewal	Date (month, day, year) 02/12/2014	Amount of Each Expenditure This Period \$54.00
EMPLOYER NAME and ADDRESS	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		
OCCUPATION			

SUBTOTAL of Expenditures This Page (Optional).....	\$434.00
TOTAL This Period (aggregate the subtotal of all Expenditure pages).....	\$66,195.81

SCHEDULE B-2

Page 134 of 135 for Line Number 20a

REFUNDS OF CONTRIBUTIONS TO INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

OCF FORM 16

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brianne for DC

Full Name, Mailing Address and Zip Code Peter Appel 6209 Arkendale Rd Alexandria, VA 22307-1002	Purpose of Expenditure System Error	Date (month, day, year) 03/07/2014	Amount of Each Expenditure This Period \$70.00
Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organization	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code Peter Appel 6209 Arkendale Rd Alexandria, VA 22307-1002	Purpose of Expenditure System Error	Date (month, day, year) 03/10/2014	Amount of Each Expenditure This Period \$35.00
Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organization	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code Peter Appel 6209 Arkendale Rd Alexandria, VA 22307-1002	Purpose of Expenditure System Error	Date (month, day, year) 03/10/2014	Amount of Each Expenditure This Period \$35.00
Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organization	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code Yuki Haraguchi 7133 7th St NW Washington, DC 20012-1801	Purpose of Expenditure System Error	Date (month, day, year) 03/10/2014	Amount of Each Expenditure This Period \$50.00
Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organization	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		

Full Name, Mailing Address and Zip Code Nicholas S Mattera 3167 18th St NW Washington, DC 20010-2637	Purpose of Expenditure Over Max	Date (month, day, year) 03/10/2014	Amount of Each Expenditure This Period \$250.00
Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organization	Expenditure For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Presidential Primary <input type="checkbox"/> Other (specify)		

SUBTOTAL of Expenditures This Page (Optional).....	\$440.00
TOTAL This Period (aggregate the subtotal of all Expenditure pages).....	\$440.00

SCHEDULE C
ITEMIZED RECEIPTS – SALES AND COLLECTIONS

(See reverse side for Instructions)

OCF FORM 16

Page 135 of 135 for Line Number 12

Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brianne for DC

TOTAL SUM OF PROCEEDS DURING THE REPORTING PERIOD FROM: 2/1/2014 TO: 3/10/2014

1. Sale of Tickets (List by event below)*	\$0.00
2. Mass Collections (list by event below)	\$0.00
3. Sale of Items.....	\$0.00
4. Total cash/check contributions of \$49.00 or less from individuals	\$5.00
TOTAL (carry forward to Line 12 of Detailed Summary Page).....	\$5.00

LIST OF SALES AND COLLECTIONS BY EVENT

Date of Event (Month, Day, Year)	Type of Event	Amount From Sale of Tickets This Period	Amount From Mass Collections This Period

TOTAL THIS PERIOD (Aggregate the subtotal of all Sales and Collections Pages)	\$0.00	\$0.00
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* After completion of the above list by event, use the appropriate sub-schedule of Schedule A to list the date, full name and mailing address (occupation and principal place of business, if any) of each person who has purchased one or more tickets for events such as dinners, luncheons, rallies, and similar fund-raising events during this reporting period, and whose ticket purchases are in excess of \$49, or whose total ticket purchases to date for the calendar year (aggregate) are in excess of \$49. Attach the appropriate sub-schedule of Schedule A to this Schedule, and identify it as Part 2 of Schedule C.